

**NOAA DIVING PROGRAM
TRAINING REQUEST AND AUTHORIZATION FORM**

This form is used to identify prospective students for NDC training classes.

Submission of this form does not guarantee acceptance into a particular course.

APPLICANT INFORMATION – (All information must be provided or form will be returned)

Name: _____

Name of Agency/Employer: _____

Check one of the following: NOAA Employee NOAA Contractor Non-NOAA

Complete Work Address/Telephone Number/Fax Number and E-mail Address:

Justification/Rationale for Training (**Other Agency Personnel Only**):

COURSE APPLYING FOR AND PAYMENT INFORMATION

NOTE: 1) Lodging and Per Diem costs are the sole responsibility of the applicant or employer/agency; 2) Non-NOAA only: Payment needs to be made by check or cash only and by the first Friday of class.

Name of the Course: _____ Dates of Course: _____

Course Fee (**Other Agency Personnel only**) _____

(Working Diver Course - \$550; Divemaster – Free; Nitrox or VCI (if not taken with WD) - \$100 each; DMT (basic and advanced) - \$500; Medical Person In-Charge - \$650; if taking MPIC & DMT together - \$1000.)

AUTHORIZATION

Applicant Signature: _____ Date _____

Applicant Supervisor: _____ Date _____

UDS Signature _____ Date _____

(NOAA FTE and NOAA contractor's MUST BE SIGNED BY UDS FOR APPROVAL)

CPR & FIRST AID CERTIFICATION

Are you current in CPR & First Aid? Yes No

If yes, please attach a photo-copy of your certification to this form.

NOTE: All NOAA FTE's must complete the SEP Measurement Form (Page 2) and return it with this Request Form. Send completed forms to: NOAA Diving Center, 7600 Sand Pt. Way, NE, Seattle, WA 98115 or Fax forms to (206) 526-6506. If you need further information or assistance, contact Laurie Barber at (206) 526-6695.



NOAA DIVING PROGRAM STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

Name: _____ Agency/Unit: _____

Phone: _____ Training Module(s): _____

Email Address: _____ Date: _____

UDS approval: _____
MUST BE SIGNED BY UDS FOR SEP AUTHORIZATION

Please complete the following and submit to the NOAA Diving Center via FAX at (206) 526-6506 as soon as possible.

Sex: _____

Height: _____ ft _____ in

Weight (pounds): _____

Chest/Bust (inches): _____

Waist (inches): _____

Hips (inches): _____

Foot size: _____

Head circumference (@ widest in inches) or hat size: _____

Neck circumference (inches): _____

Glove/hand size: (circle one) S M L XL XXL

Wetsuit Size (if known): _____

Drysuit Size (if known): _____

Comments: _____

Signature: _____ Date: _____